



**BUILDING DEPARTMENT
ROOFING PERMIT APPLICATION**

Re-Roof** Repair***
 Shingles Metal** Tile** Roof over Flat** Other _____

<p align="center">RESIDENTIAL</p> <p><input type="checkbox"/> Single Family Attached <input type="checkbox"/> Single Family Detached</p> <p align="center">COMMERCIAL</p> <p><input type="checkbox"/> Flat Roof <input type="checkbox"/> Other _____</p>
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JOB ADDRESS: _____
Owner Address (if different than job address: _____
Owner Name: _____ Owner Phone: _____
Contractor Company Name: _____ Contractor Phone: _____
Qualifier Name: _____ Email: _____
Contractor License Number: _____
Engineer: _____ Phone: _____ Email: _____

Contract value: \$ _____ *Value of Structure: \$ _____ Year Built: _____

TOTAL ROOF SQ. FT _____ REPAIR SQ. FT _____

PERCENTAGE of TOTAL ROOF AREA being repaired _____% (cannot exceed 25% of TOTAL roof area)

Roof Slope _____: _____ EXISTING roof covering _____ NEW roof covering _____

*Value: Show proof of insured value of residential structure or a copy of the ad-valorem tax value.
*Roofs: A copy of the roofing material's Miami Dade or Florida Product Approval will be required at permit application.
*Repairs: Provide a roof plan showing the location of the repair and the % of the repair area to total roof area.

All Site Built Single Family Residential Re-Roofs regardless of value shall comply with the following:
Re-fastening: All sheathing / decking shall be fastened in accordance with the existing Florida Building Code. Any roof sheathing with existing nails spaced greater than 6" o.c. requires additional nails to create a minimum of 6" o.c. nail spacing. All stapled sheathing requires complete re-nailing. Added nails shall be 2 1/4" 8d ring shank round head min or the requirements in Miami Dade Product Approval or Florida Product Approval whichever is applicable.

For Residential Jobs: Secondary water barrier requirements per FBC sec.1507.1.1 Underlayment
1507.1.1 Underlayment.
Underlayment materials required to comply with ASTM D226, D1970, D4869 and D6757 shall bear a label indicating compliance to the standard designation and, if applicable, type classification indicated. Underlayment for roof slopes 2:12 and greater shall be applied and attached in accordance with Section 1507.1.1.1, 1507.1.1.2 or 1507.1.1.3 as applicable.

- PERMIT FEES:**
- ROOF REPAIRS MINIMUM PERMIT FEE \$125.00 + 2.5% STATE SURCHARGE (MIN. \$4.00)
 - RE-ROOF \$225.00 + 2.5% STATE SURCHARGE (\$5.63)

Applicant's Affirmation

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit, and that all work will be performed to meet the standards of all laws regulating construction, insurance, and worker's compensation. Properties on which earth spills or other debris falls shall be cleaned immediately. All streets, sidewalks, and curbs damaged due to this construction shall be repaired to the satisfaction of the Building Department prior to the issuance of certificate of completion.

In applying for this permit, I hereby attest that I have the knowledge and understanding of all that is required by the Florida Building Code and all laws and regulations pertaining to performing and completing this type of work.

Owner's Affidavit:

I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner: _____

Signature of Owner or Agent: _____

{To sign as an Agent for the Owner you must have a Florida Form Power of Attorney signed by the Owner and Notarized with two additional witnesses other than the Notary}

Date: _____

And / Or (subpermit only)

Contractor: _____

Signature of Contractor: _____

Date: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me

By _____

who is personally known or has produced identification.

Type or identification produced: _____.

Notary's Name, Typed, Printed or Stamped _____

Official Signature of Notary Public _____

Notary Seal: